Middle East Respiratory Syndrome Coronavirus MERS-CoV Infection Reporting Form
ESU number: LB-MERS-CoV- |_____|

A. Reporter

Hospital name: ..... Physician name: .....
Date of reporting: |___|___|_____| Mobile phone: .....

B. Patient information

Name: ..... Gender: ☐ M ☐ F
Date of Birth: |___|___|_____| Nationality: .....
Caza of residence: ..... Residence: ☐ Resident ☐ Visitor ☐ Refugee
Locality of residence: ..... Occupation: .....
Phone number: ..... Institution: .....

C. Signs and symptoms

Symptoms onset: |___|___|_____|
Fever (≥ 38°c): ☐ Dyspnea ☐
Cough: ☐ Pathologic chest X-ray ☐
If other, specify: ☐ .....

D. Hospitalization

Hospitalized for this illness? ☐ Since |___|___|_____|
Patient admitted to ICU? ☐ Since |___|___|_____|
Mechanical ventilation? ☐ Since |___|___|_____|

E. Clinical and paraclinical presentation

Diagnosis of pneumonia ☐ Cardiac arrest ☐
Acute Respiratory Distress Syndrome (ARDS) ☐ Hypotension requiring vasopressors ☐
Acute Renal Failure ☐ Pregnancy ☐
Multi-organ failure ☐ Other, specify ☐ .....

F. Risk factors/Exposure in the 14 days prior to illness onset

Travel ☐ Where .....
Travel of Family member ☐ Where .....
Contact with confirmed MERS-CoV cases ☐ Who .....
Contact with non confirmed MERS-CoV ☐ Who .....
Contact with Severe Acute Respiratory Infection ☐ Who .....
Health Care Worker ☐ Where .....

G. Comorbidities

Cancer ☐ Kidney failure ☐
Diabetes ☐ Chronic liver disease ☐
Chronic lung disease ☐ Heart disease ☐
Asthma ☐ Deficient immune ☐
Hematological disorder ☐ Other, specify: ☐ .....

H. Outcome

☐ Remission ☐ Still Ill ☐ Death, date of death |____|____|_____|

I. Specimens

Sputum ☐ date |___|___|_____| Broncholavealar lavage ☐ date |___|___|_____|
Tracheal aspirate ☐ date |___|___|_____| Nasal/throat swab ☐ date |___|___|_____|
Serum (paired sera) ☐ date |___|___|_____| |___|___|_____| Blood EDTA ☐ date |___|___|_____|

J. Date and signature: